



# THE CITY OF EAST ORANGE, NEW JERSEY

44 CITY HALL PLAZA, EAST ORANGE, NEW JERSEY 07019

## DEPARTMENT OF FINANCE DIVISION OF LICENSE

Telephone: (973) 266-5159  
Fax: (973) 675-8066

### LESTER E. TAYLOR, III

#### APPLICATION REQUIREMENTS FOR SUPERINTENDENT LICENSE

1. Superintendent applications must be completed and notarized.
2. Page two of the application must be dated and signed by the applicant.
3. We require that all NEW applicants are fingerprinted. The form for fingerprinting will be provided by this office. You must follow the instructions on the sheet. Make certain to schedule your appointment for fingerprinting to avoid any late fees for your license by this office. In addition, you will need to obtain a Record Check/Letter of Good Conduct from the East Orange Police Department at a cost of \$3.00 cash. (EXACT CHANGE PLEASE) You will report to the East Orange Police Department on Wednesday's between the hours of 9:00a.m. thru 11:00 a.m. Remember to bring your social security card and your New Jersey Drivers license or other government issued photo ID.
4. RENEWALS: MUST COMPLETE YELLOW FORM THAT YOU MUST PICK-UP FROM THIS OFFICE. YOU WILL COMPLETE THIS FORM AND  
  
SUBMIT IT TO THE EAST ORANGE POLICE DEPARTMENT WITH A MONEY ORDER IN THE AMOUNT OF \$18.00 MADE PAYABLE TO N.J. STATE POLICE – S.B.I.
5. TWO-passport size color photographs MUST BE SUBMITTED TO THIS OFFICE (NO HATS OR SUNGLASSES, FULL FACE VIEW) pictures MUST be in color and MUST be the SAME.

Applicants must return all required information to the Licensing Division with a fee of **One Hundred Sixty-Eight Dollars.** A Twenty-Five dollar late

will be assessed beginning February 1<sup>st</sup>.

6. Any applicant with a record MUST get a copy of same and return to the Licensing Division with a letter on the company letterhead from the owner of the building stating that he/she has reviewed the record and still intends to hire you.

**TO ALL NEW SUPERINTENDENTS**

After providing the License Division with the above requirements, all **NEW** superintendents are required to take the Superintendents test. You shall take the receipt issued to you from the License Division to Property Maintenance located on the third floor of this building and schedule an appointment for the test, when we receive the results of the test from Property Maintenance we will forward your superintendent license to you at the address listed on your application. **LICENSES MAY NOT BE PICKED UP.**

If you have any questions or concerns please contact this office at 973-266-5159.

Thank you for your usual cooperation.

**COMPANY CHECK OR MONEY ORDER**  
**ONLY**

CITY OF EAST ORANGE

LICENSE DIVISION

LICENSE # \_\_\_\_\_

DATE \_\_\_\_\_

FEE \$ \_\_\_\_\_

Full name of applicant \_\_\_\_\_  
First Last

Building address \_\_\_\_\_  
Street City Zip

\_\_\_\_\_  
Apartment Number Phone Number

If you won't reside on premises, give home address:

\_\_\_\_\_  
Street City Zip

\_\_\_\_\_  
Apartment Number Phone Number

Personal: \_\_\_\_\_  
Month Day Year Place of birth

\_\_\_\_\_  
Age Weight Sex Social Security No.

Have you ever been convicted of a crime \_\_\_\_\_ / \_\_\_\_\_ if so explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of units in building \_\_\_\_\_

Name of owner of premises \_\_\_\_\_

Address of owner of premises \_\_\_\_\_  
Street City Zip Code

( ) \_\_\_\_\_  
Telephone No.

Give name of complex or building \_\_\_\_\_

Two character references:

Name	Address
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Name	Address
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A superintendent and or owner **MUST** make available to this office, Department of Property Maintenance and tenants, a working telephone number at all times, at no time shall a telephone number not be in service, If you fail to provide an in-service telephone number at any time, you shall be subject to penalty of \$**100.00 daily**.

\_\_\_\_\_  
Superintendent's Signature

ANY FALSE STATEMENTS WILL BE CAUSE FOR REVOCATION OF LICENCE.

**AFFIDAVIT**

State of New Jersey  
County of Essex  
City of East Orange

\_\_\_\_\_ BEING DULY SWORN DEPOSES AND SAYS that he/she is the individual making the foregoing application for a Superintendent license and that the answers to the questions contained therein are true.

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY

\_\_\_\_\_  
SIGNATURE OF APPLICANT